


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761411 (8)
 1. Corporation Name
SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154	Mailing Address 9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154
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3. Date Incorporated or Qualified 01/11/1982	
4. FEI Number 59-2170423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ZAIAC, MANUEL
9655 E. BAY HARBOR DR. APT. 3-SOUTH
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent **Not Listed**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERMAN, ISIDORO	1.2 NAME	
STREET ADDRESS	9655 E BAY HARBOR DR 3N	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMPER, SANDRA	2.2 NAME	
STREET ADDRESS	9655 E BAY HARBOR DR 2S	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, ESTHER	3.2 NAME	
STREET ADDRESS	9655 E.BAY HARBOR D,5N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, MARJORIE	4.2 NAME	
STREET ADDRESS	9655 E BAY HARBOR DR 7S	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAIAC, MANUEL	5.2 NAME	
STREET ADDRESS	9655 E. BAY HARBOR 3S	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, ROBERT	6.2 NAME	
STREET ADDRESS	9655 E. BAY HARBOR DR. #45	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Atyca S. Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)